



U.S. HOUSE OF
REPRESENTATIVES

CONGRESSMAN ALAN GRAYSON

CONSENT FOR RELEASE OF INFORMATION



9TH DISTRICT OF FLORIDA

The **PRIVACY ACT of 1974** requires that written consent be obtained from a Constituent before information from federal agency records can be disclosed. In order for Congressman Grayson to conduct an inquiry on your behalf, you must complete and sign the following statement. **IMPORTANT:** If you are inquiring on behalf of another individual, that individual must sign this release.

☐ **MR.** ☐ **MRS.** ☐ **DR.** (Please PRINT)

<div></div> (Your Full Name: LAST, FIRST, Middle Initial)	Date of Birth: (mm/dd/yyyy)
<div></div> (STREET Address)	Social Sec. No.:
<div></div> (CITY / STATE / ZIP)	MAIN PHONE:
<div></div> (Email Address)	OTHER PHONE:

Federal Agency Information

 (Please provide any of the following and all recent, relevant correspondence)

Military or Veteran's Administration Type of Claim: Sponsor ID No. Rank / Unit Duty Station ID No.	Social Security Administration Type of Claim: Date Filed: Status: (Check one) <input type="checkbox"/> Initial Claim <input type="checkbox"/> A L J Hearing <input type="checkbox"/> Reconsideration <input type="checkbox"/> Appeals Council
Immigration Type of Application: Place of Birth Alien Reg. No. Receipt No.	Financial / Consumer Protection Type of Loan: Loan No. Finance Institution

Rev. 11/2013

What resolution are you seeking? (Use a separate sheet of paper if more space is needed)

I hereby authorize Congressman Alan Grayson and his representatives to make inquiries into my personal records and files, and to obtain information about me pertaining to this request for assistance.

Print Constituent's Name

Constituent's Signature

Dated

RETURN TO: CONGRESSMAN ALAN GRAYSON, ATTN: CONSTITUENT SERVICES
5842 South Semoran Blvd., Orlando, FL 32822, FAX: (407) 615-8890 PHONE: (407) 615-8889